

CALACAP Tracked Legislation
Introduced as of Monday, January 13, 2020

Bill ID/Topic	Location	Summary	Position
AB 6 Reyes D Early childhood education: interagency coordination and quality improvement.	SENATE 2 YEAR 9/15/2019 - Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/11/2019)(May be acted upon Jan 2020)	<p>Existing law designates the State Department of Education as the single state agency responsible for the promotion, development, and provision of care of children in the absence of their parents during the workday or while engaged in other activities that require assistance of a 3rd party or parties. This bill would require the Superintendent of Public Instruction, on or before January 1, 2021, to establish an interagency workgroup composed of representatives from certain state entities within the California Health and Human Services Agency and the California Children and Families Commission. The bill would require the interagency workgroup to identify administrative changes for implementation by the participating state entities to improve the coordination of services provided to children in early learning and care programs. The bill would require the interagency workgroup to report on its work to the Governor, Superintendent, and relevant budget and policy committees of the Legislature at least annually. The bill would require the Superintendent, on or before January 15, 2021, to establish a quality improvement workgroup composed of the California Children and Families Commission, stakeholders from the early learning and care community, and other early learning and care experts. The bill would require the quality improvement workgroup to review and propose revisions to the current quality rating and improvement system and program standards for consideration by the Superintendent, and to develop and review strategies and criteria for consideration by the Superintendent relating to curriculum alignment and standardization, as provided. The bill would require the quality improvement workgroup to report on its work to the Superintendent, the California Children and Families Commission, and Quality Counts California leadership at least annually. The bill would impose other specified requirements on the Superintendent relating to early learning and care programs and services. Last Amended on 9/6/2019</p>	Support
AB 8 Chu D Pupil health: mental health professionals.	SENATE HEALTH 7/8/2019 - In committee: Hearing postponed by committee.	<p>(1) Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. Existing law requires, subject to sufficient funds being provided, the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to, on or before July 1, 2020, develop guidelines for the use of telehealth technology in public schools, including charter schools, to provide mental health and behavioral health services to pupils on school campuses. This bill would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional, as defined, for every 600 pupils generally accessible to pupils on campus during school hours. The bill would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours, to employ at least one mental health professional to serve multiple schools, or to enter into a memorandum of understanding with a county agency or community-based organization for at least one mental health professional employed by the agency or</p>	Support

		organization to provide services to pupils. The bill would encourage a school subject to the bill's provisions with pupils who are eligible to receive Medi-Cal benefits to seek reimbursement for costs of implementing the bill's provisions, as specified. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Last Amended on 5/16/2019	
AB 260 Quirk-Silva D	ASSEMBLY 2 YEAR 4/26/2019 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HIGHER ED. on 3/7/2019)(May be acted upon Jan 2020)	(1)Existing law, the Cal Grant Program, establishes the Cal Grant A Entitlement Awards, the Cal Grant B Entitlement Awards, the California Community College Transfer Cal Grant Entitlement Awards, the Competitive Cal Grant A and B Awards, the Cal Grant C Awards, and the Cal Grant T Awards under the administration of the Student Aid Commission, and establishes eligibility requirements for awards under these programs for participating students attending qualifying institutions. Existing law requires applicants for Cal Grant A Entitlement Awards and Cal Grant B Entitlement Awards to submit complete financial aid applications in the academic year of high school graduation or equivalent or in the academic year immediately following high school graduation for the immediately following award year. This bill would instead authorize applicants for these awards to submit financial aid applications in any academic year subsequent to their high school graduation or equivalent for the immediately following award year. (2)Existing law requires applicants for Cal Grant A Entitlement Awards, Cal Grant B Entitlement Awards, and California Community College Transfer Cal Grant Entitlement Awards to have graduated from high school or its equivalent during or after the 2000–01 academic year. This bill would repeal the eligibility requirement of these programs that the applicant have graduated from high school or its equivalent during or after the 2000–01 academic year. (3)Existing law requires applicants for Cal Grant B Entitlement Awards to have not reached 26 years of age by July 1 of the initial award year. Existing law requires applicants for a California Community College Transfer Cal Grant Entitlement Awards to not be 28 years of age or older by December 31 of an award year. This bill would repeal both of these requirements and make conforming changes. Last Amended on 3/7/2019	Support
AB 665 Gallagher R	ASSEMBLY PU B. S. 4/1/2019 - Re- referred to Com. on PUB. S. (Set for hearing on 1/14/2020) 1/14/2020 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES -SAWYER, Chair	Existing law, as added by the Briggs Initiative, an initiative statute approved by the voters at the November 7, 1978, statewide general election, requires that persons convicted of first-degree murder be subject to death, life in prison without the possibility of parole, or confinement in the state prison for a term of 25 years to life. Existing law, as added by Proposition 115 at the June 5, 1990, statewide primary election, requires that a person found guilty of murder in the first degree, when special circumstances have been found to be true, who was 16 years of age or older and under 18 years of age at the time of the commission of the crime, be punished by confinement in the state prison for life without the possibility of parole or, at the discretion of the court, by 25 years to life. Existing United States Supreme Court case law holds that a mandatory life sentence without the possibility of parole for a juvenile offender violates the Eighth Amendment to the United States Constitution. Existing law allows a defendant who was under 18 years of age at the time of the commission of an offense for which the defendant was sentenced to imprisonment for life without the possibility of parole to petition the court for recall and resentencing after the defendant has been incarcerated for at least 15 years. This bill would delete the authority of a defendant who was under 18 years of age at the time of the commission of the offense to petition for a recall of the sentence and would instead require the court to provide that defendant with a resentencing hearing, except as specified. The bill would require the court to resentence the defendant to a term of imprisonment with the possibility of parole unless the court determines the defendant to be irreparably corrupt or incapable of rehabilitation. The bill would require the court to consider specified factors in making this determination, including, among other things, the defendant's family and home environment, the circumstances of the offense, and any evidence or information bearing on the possibility of rehabilitation. This bill would exempt from that hearing any person who has a pending resentencing	Oppose

		hearing or who was found irreparably corrupt or incapable of rehabilitation.This bill contains other existing laws. Last Amended on 3/28/2019	
AB 977 Stone, Mark D Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment .	ASSEMBLY 2 YEAR 4/26/2019 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/28/2019)(May be acted upon Jan 2020)	Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, such as screening services, vision services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan, for any individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.This bill would require the department to conduct a review of a report published by the California State Auditor concerning EPSDT services, to develop and publish a report on the department’s findings and response, and to solicit comments from the public regarding the department’s report.This bill contains other existing laws. Last Amended on 3/28/2019	Support
AB 1005 Arambula D Foster children and youth: family urgent response system.	ASSEMBLY 2 YEAR 4/26/2019 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HUM. S. on 3/7/2019)(May be acted upon Jan 2020)	Existing law, commonly known as Continuum of Care Reform (CCR), states the intent of the Legislature in adopting CCR to improve California’s child welfare system and its outcomes by using comprehensive initial child assessments, increasing the use of home-based family care and the provision of services and supports to home-based family care, reducing the use of congregate care placement settings, and creating faster paths to permanency resulting in shorter durations of involvement in the child welfare and juvenile justice systems. Existing law, as part of the CCR, requires the State Department of Social Services to implement a resource family approval process, which replaces the multiple processes for licensing foster family homes, certifying foster homes by foster family agencies, approving relatives and nonrelative extended family members as foster care providers, and approving guardians and adoptive families.This bill would make legislative findings and declarations, stating the intent of the Legislature in adopting this bill to build upon the current CCR implementation effort. The bill would require the department to establish a statewide hotline, operational no later than January 1, 2021, as the entry point for a Family Urgent Response System, as defined, to respond to calls from caregivers or current or former foster children or youth when a crisis arises, as specified. The bill would require the hotline to include, among other things, referrals to the county, as specified, for further support and in-person response. The bill would require the department to ensure that deidentified, aggregated data are collected regarding individuals served through the hotline and to publish a report on the department’s internet website by January 1, 2022, and annually by January 1 thereafter, including specified information.This bill contains other related provisions and other existing laws.	Support
AB 1021 Frazier D Pupils with exceptiona	ASSEMBLY ED . 1/7/2020 - Re-	Existing law requires local educational agencies to identify, locate, and assess individuals with exceptional needs and to provide those individuals with a free appropriate public education in the least restrictive environment, with special education and related services as reflected in an individualized education program. Existing law requires a local educational agency to initiate and conduct meetings for the purposes of developing, reviewing, and revising the individualized education program of each individual with exceptional needs. Existing law requires a local educational agency to give a	

<p>Individualized education programs.</p>	<p>referred to Com. on ED.</p>	<p>parent or guardian a copy of the individualized education program, at no cost to the parent or guardian. This bill would additionally require the local educational agency, at least 72 hours before the individualized education program meeting, to make available to the parent or guardian a preliminary draft of the individualized education program in electronic form and to mail to the parent or guardian a hard copy of that preliminary draft, at no cost to the parent or guardian, as provided. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other existing laws. Last Amended on 1/6/2020</p>	
<p>AB 1546 Kiley R Pupil health: mental health.</p>	<p>ASSEMBLY 2 YEAR 5/17/2019 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. on 4/23/2019)(May be acted upon Jan 2020)</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health services that are provided through county mental health plans. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, which includes screening services and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan, is covered under the Medi-Cal program for any individual under 21 years of age pursuant to federal law. This bill would authorize a county mental health plan to contract with a local educational agency (LEA) to provide EPSDT services, including mental health assessments, and mental health, social work, and counseling services, to Medi-Cal eligible pupils. The bill would require the department to permit an LEA to make claims for federal financial participation directly to the department for EPSDT services, to examine methodologies for increasing LEA participation in the Medi-Cal program, and to seek federal approval to implement these provisions. Last Amended on 3/28/2019</p>	<p>Support</p>
<p>AB 1550 Bonta D Crisis stabilization units: psychiatric patients.</p>	<p>SENATE 2 YEAR 9/15/2019 - Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/14/2019)(May be acted upon Jan 2020)</p>	<p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including specialty mental health services and nonspecialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize a certified crisis stabilization unit designated by a mental health plan, at the discretion of the mental health plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours, but not for more than 48 hours, when the individual needs inpatient psychiatric care or outpatient care and inpatient psychiatric beds or outpatient services are not reasonably available. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because the person, as a result of a mental disorder, is a danger to themselves or others, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit. The bill would require the department to amend its contract with a mental health plan to include a provision authorizing the provision of crisis stabilization services for more than 24 hours if the mental health plan elects to provide crisis stabilization services under these provisions. The bill would require the department to require these mental health plans to complete specified duties, including to establish, only if the plan opts to offer extended services, treatment protocols, documentation standards, and administrative procedures, consistent with best practices and other evidence-based medicine, to be followed by a certified crisis stabilization unit for appropriate treatment to individuals who are provided crisis stabilization services for more than 24 hours. The bill would require a certified crisis stabilization unit that provides crisis stabilization services under these provisions to comply with specified requirements, including ensuring that a psychiatrist is available at all times to address psychiatric emergencies. The bill would require the department to seek any</p>	<p>Support</p>

		state plan amendments or waivers, or amendments to existing waivers, that are necessary to implement these provisions. This bill contains other existing laws. Last Amended on 6/27/2019	
AB 1634 Gloria D Mental health: community-based services.	ASSEMBLY 2 YEAR 4/26/2019 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/28/2019)(May be acted upon Jan 2020)	Existing law, the Investment in Mental Health Wellness Act of 2013, requires funds appropriated by the Legislature to the California Health Facilities Financing Authority for the purposes of the act be made available to selected counties or counties acting jointly and used to, among other things, expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for specified client assistance and services, and to provide a complete continuum of crisis services for children and youth 21 years of age and under, regardless of where they live in the state. The act authorizes the authority to consider making grant awards to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds. This bill would delete that limitation and authorize the authority to consider making grant awards to private nonprofit corporations and public agencies in an area or region of the state. Last Amended on 3/28/2019	Watch
AB 1766 Bloom D Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder.	SENATE 2 YEAR 7/10/2019 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 7/3/2019)(May be acted upon Jan 2020)	The California Community Care Facilities Act provides for the licensure and regulation of community care facilities by the State Department of Social Services, including various adult residential facilities, as described. The act includes legislative findings and declarations that there is an urgent need to establish a coordinated and comprehensive statewide service of quality community care for the mentally ill, the developmentally and physically disabled, and children and adults who require care or services. Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly, as defined, by the department and expresses the intent of the Legislature to require that those facilities be licensed as a separate category within the existing licensing structure of the department. This bill would require the department to collect and publicly report data from licensed adult residential facilities and residential care facilities for the elderly, including whether the facility accepts residents with a serious mental disorder, as defined, and the destination for all residents with a serious mental disorder who exited during the previous 12 months, among other information. The bill would also require the department to publicly report on a quarterly basis how many licensed residential facilities primarily serving low-income residents closed permanently in the prior quarter and to create guidelines to ensure that the county in which a facility is located is notified when that facility notifies the department that it is closing. The bill would authorize the department to contract with a third party that specializes in creating a searchable database to create a searchable database for these purposes. Last Amended on 6/27/2019	Support

<p>SB 66 Atkins D</p> <p>Medi-Cal: federally qualified health center and rural health clinic services.</p>	<p>ASSEMBLY 2 YEAR 9/15/2019 - Failed Deadline pursuant to Rule 61(a)(15). (Last location was INACTIVE FILE on 9/11/2019)(May be acted upon Jan 2020)</p>	<p>Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill contains other related provisions. Last Amended on 3/21/2019</p>	<p>Support</p>
<p>SB 174 Leyva D</p> <p>Early childhood education: reimbursement rates.</p>	<p>ASSEMBLY 2 YEAR 8/30/2019 - Failed Deadline pursuant to Rule 61(a)(12). (Last location was APPR. on 7/10/2019)(May be acted upon Jan 2020)</p>	<p>(1)The Child Care and Development Services Act establishes a system of childcare and development services for children up to 13 years of age, and requires the Superintendent of Public Instruction to implement a plan establishing assigned reimbursement rates, per unit of average daily enrollment, to be paid by the state to provider agencies for the provision of those services. This bill would instead require, until January 1, 2021, the regional market rate ceilings to be established at the 75th, and thereafter, at the 85th, percentile of the 2018 regional market survey for that region or the regional market rate ceiling that existed in that region on December 31, 2017, whichever is greater. The bill would require, on and after January 1, 2021, reimbursement to license-exempt childcare providers to instead not exceed 70% of the commensurate rate for both full-time and part-time care, as provided. The bill would make these provisions subject to an appropriation, as provided. This bill contains other related provisions and other existing laws. Last Amended on 6/13/2019</p>	<p>Support</p>